

Vaccination Appointment Guide

Updated
January 27, 2020



Vaccination Appointment Guide

The District of Columbia Department of Health (DC Health) continues to make progress with our COVID-19 vaccine distribution planning. We are working with the federal government and local partners within the District to plan for the distribution of the COVID-19 vaccine as doses become available.

In order to receive the vaccine, you must register for an appointment. Please use the following guide to help you through the process of registering for an appointment online.

Before You Start:

Before beginning registration, visit vaccinate.dc.gov to confirm you are in the current priority group.

You will be asked for your email to send your appointment confirmation, please be sure to have an email that you have access to prior to registering.



If you are unable to access the online vaccine portal or do not have internet access, please call the District's call center at 855-363-0333, for assistance with vaccine registration.

How to Register for a Vaccination Appointment Online

1. From vaccinate.dc.gov click the blue “Proceed to Vaccination Registration Portal” button to start.



Note: For the best experience, please use a modern web browser such as **Chrome, Safari, Edge, or Firefox**. Internet Explorer will not work. Your computer should also be using the following operating system: Windows 7, 8.1, 10 and above and iOS Leopard and above (Version 11).

2. You are now on the COVID-19 Appointment Portal. Please review and gather the information needed to make an appointment.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home | Vaccine Centers | Sign in

WE ARE DISTRICT OF COLUMBIA
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

COVID-19 Vaccination Appointment

To schedule an appointment, please fill in the required questionnaire so that we can gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety. You will need to provide the following details:

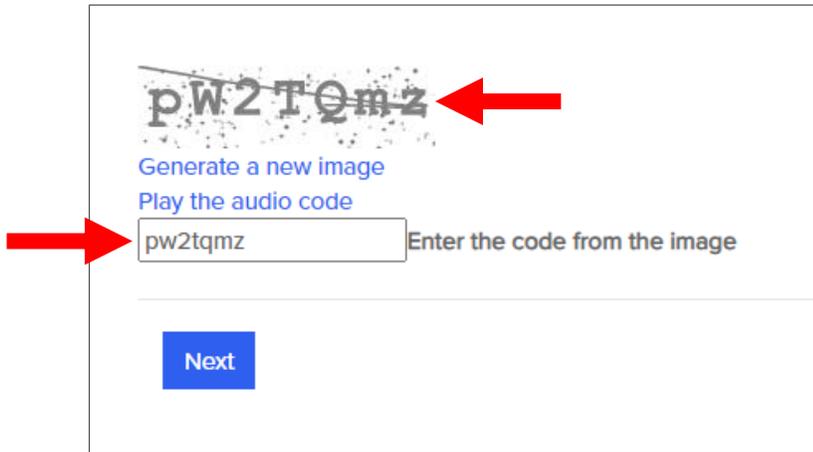
- Demographic details**
Such as race, ethnicity, gender, age
- Medical history**
Current/past ailments and allergy information
- COVID-19 history**
History of any COVID-19 infections, testing or vaccinations
- Contact information**
Your contact details

Take Questionnaire

Click the blue “Take Questionnaire” Button.

3. Initial Screening. CAPTCHA

What is a CAPTCHA? A CAPTCHA is a type test used in computing to determine whether or not the user is human or a bot.



To fill out the CAPTCHA type the letters and numbers as you see them in the image. Press the **"Next"** button.

If it's hard to see the letters, click the words **"Play the audio code"**. You will hear some words and/or numbers. Type the number(s) and/or the first letter of each word you hear.

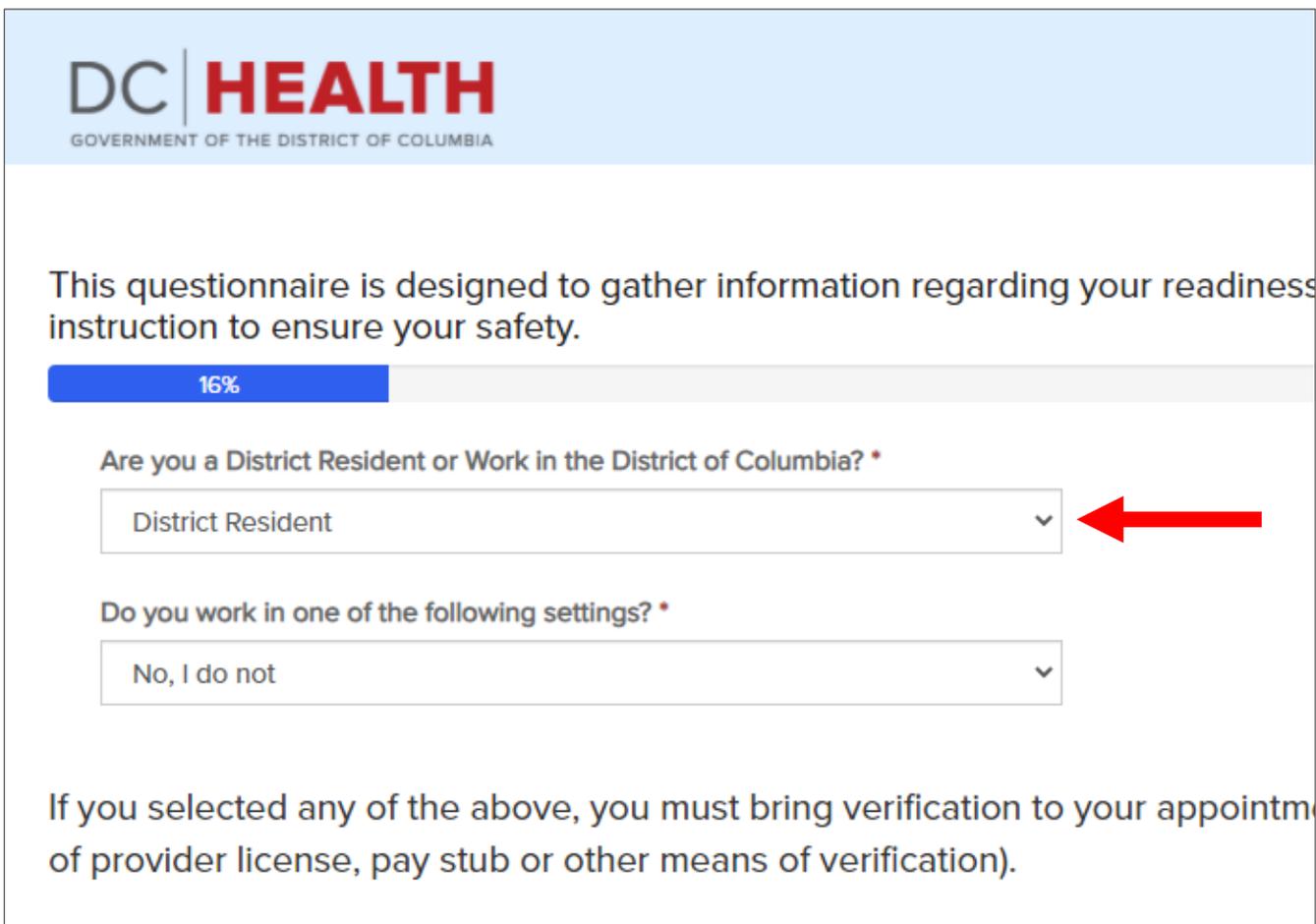
In the example picture above there is the code pW2TQmz, so this is what you would hear: papa whiskey 2 tango queen mike zulu.

You will type pw2tqmz

When you type in the letters, it does not matter if they are capital (M) or lowercase (m). Click the blue **"Next"** button. If you cannot hear the words, make sure the volume on your computer, tablet or phone is loud enough.

4. **Begin answering the questionnaire.** Click the arrow (▼) on the right hand side of each box. You will see several choices. Pick the one that is true for you.

Please complete all of the questions that have a red **asterisk***



DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

This questionnaire is designed to gather information regarding your readiness instruction to ensure your safety.

16%

Are you a District Resident or Work in the District of Columbia? *

District Resident ▼

Do you work in one of the following settings? *

No, I do not ▼

If you selected any of the above, you must bring verification to your appointment (of provider license, pay stub or other means of verification).

Please Note: For District residents aged 65 and older, you do not need to bring a work ID badge, letter from your employer, or a pay stub to your appointment. This is a note meant for health care workers part of phase 1a.

Click the blue "**Next**" button to continue.

5. If you're not sure you have a high risk or chronic medical condition, click the words "High Risk Details" and look at the list of medical conditions that appears. If you see your condition on that list, click "Yes".

Are you required to report in to work in Person? *

No

Do you have a high risk or chronic medical condition as determined by your healthcare provider? *

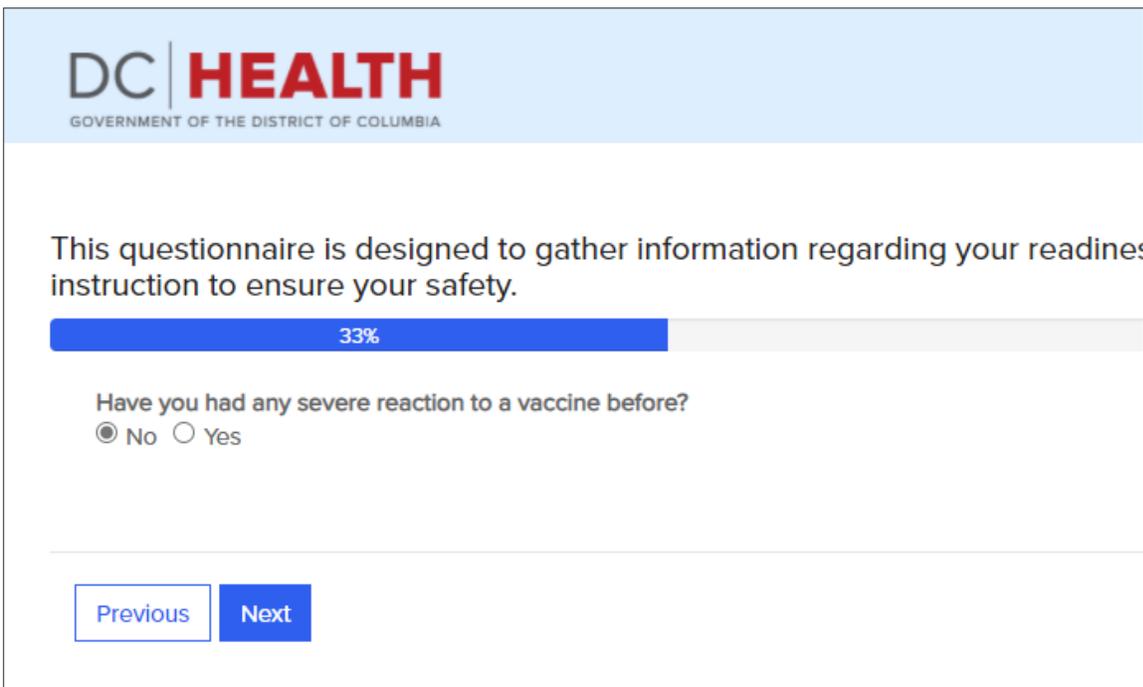
High Risk Details ←

Yes

Previous Next

Click the blue "Next" button to continue.

6. If you have not gotten sick before when you had a vaccine, answer “No”.



The screenshot shows a web interface for DC Health. At the top left is the logo for DC HEALTH, with "DC" in blue and "HEALTH" in red, and "GOVERNMENT OF THE DISTRICT OF COLUMBIA" in smaller blue text below it. The main content area has a light blue header. Below the header, there is a paragraph: "This questionnaire is designed to gather information regarding your readiness for instruction to ensure your safety." Underneath this is a progress bar that is 33% complete, with "33%" written in the blue portion. The question "Have you had any severe reaction to a vaccine before?" is displayed, with radio buttons for "No" (which is selected) and "Yes". At the bottom of the form are two buttons: "Previous" (white with blue border) and "Next" (solid blue).

Click the blue “**Next**” button to continue.

7. If the doctor has not told you to stay home or away from other people because you have COVID-19 or another sickness, answer “No”. If the doctor has told you to stay home or away from other people because you have COVID-19 or another sickness, answer “Yes”.

If this is the first time you have had a COVID-19 vaccination, answer “Yes”. If this is not the first time you have had a COVID-19 vaccination, answer “No”.

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This questionnaire is designed to gather information regarding your readiness for COVID-19 instruction to ensure your safety.

50%

Are you under isolation or quarantine for COVID-19 at this moment?
 No Yes

Will this be your first COVID-19 vaccine dose?
 No Yes

Please note, vaccinate.dc.gov only schedules the first dose of your COVID-19 vaccine. You must be administered your first vaccine to schedule your second dose.

Previous Next

Click the blue “**Next**” button to continue.

8. **Type in your:** First Name, Last Name,, Email Address and Phone Number.



For the Address Field, as you type a drop down will appear searching for your location so that you may auto-fill your full address. Please click from that drop down, **DO NOT** ignore it and type it in yourself.



This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination instruction to ensure your safety.

66%

Resident Information Collection

Please provide your information below.

First Name *

Middle Name

Last Name *

Address (search for and select your address here) *

Apartment, Suite, Unit Number

Email Address *

Phone Number *

9. **Select your:** gender, race, ethnicity, birth month, day, and year.

Gender *

Race *

If other race, please specify

Please describe your ethnicity *

Please provide your date of birth

Month *

Day *

Year *

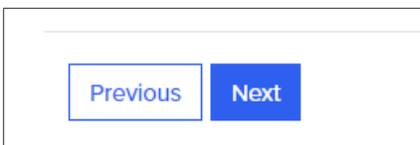
Click the blue **“Next”** button at the bottom of the page.

Previous Next

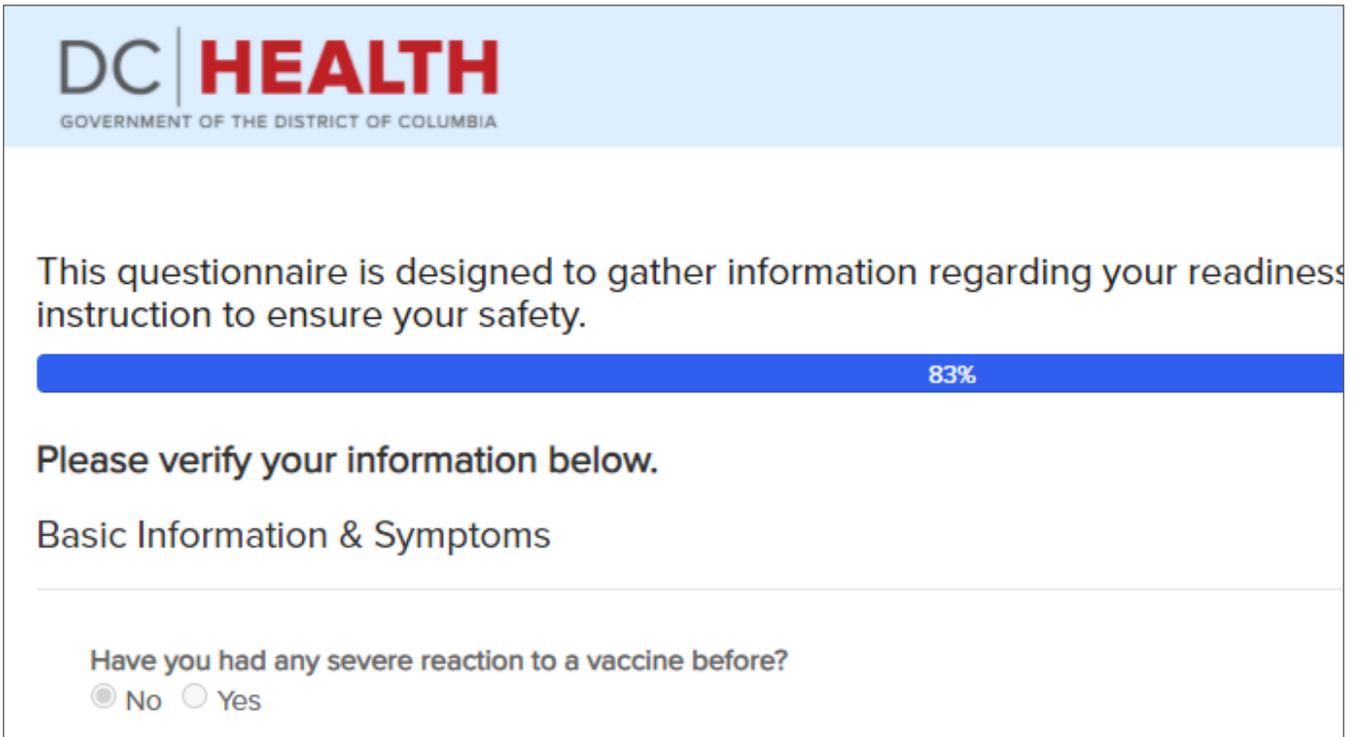
10. If you have forgotten to complete a required question or a question wasn't answered correctly, a pink box will appear and give you instructions for correcting.

The screenshot shows the DC Health logo at the top left, with the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA" below it. The main heading reads "This questionnaire is designed to gather information regarding your real instruction to ensure your safety." Below this is a blue progress bar showing "66%". A pink error box contains an information icon and the text: "The form could not be submitted for the following reasons: Address (search for and select your address here) is a required field. Gender is a required field. Race is a required field. Insurance is a required field."

After you make any corrections, **click** the blue “**Next**” button to continue.



11. You will be prompted to verify the information. Check the form to make sure everything is correct.



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GOVERNMENT OF THE DISTRICT OF COLUMBIA

This questionnaire is designed to gather information regarding your readiness to receive a vaccine. This instruction to ensure your safety.

83%

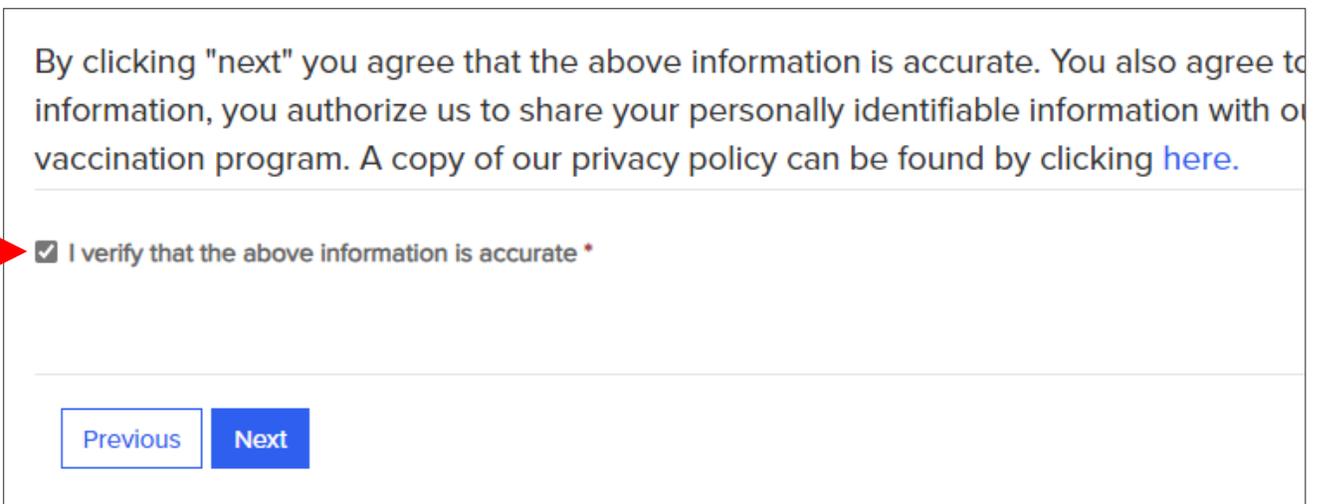
Please verify your information below.

Basic Information & Symptoms

Have you had any severe reaction to a vaccine before?

No Yes

If the information is correct, **click** the small **box** near the words **“I verify that the above information is accurate”**.



By clicking "next" you agree that the above information is accurate. You also agree to provide the information, you authorize us to share your personally identifiable information with our vaccination program. A copy of our privacy policy can be found by clicking [here](#).

I verify that the above information is accurate *

Previous Next

Click the blue **“Next”** button at the bottom of the page.

12. If the information is not correct, click the white “Previous” button at the bottom of the screen. You can then return to your form and make changes.

By clicking "next" you agree that the above information is accurate. You also agree to share your information, you authorize us to share your personally identifiable information with our vaccination program. A copy of our privacy policy can be found by clicking [here](#).

I verify that the above information is accurate *

[Previous](#) [Next](#)

Once the information is correct, click the small box near the words “I verify that the above information is accurate”.

Click the blue “**Next**” button at the bottom of the page.

13. Find a location. On this page you will look at locations offering vaccines, choose one that works for you by clicking the bright blue hyperlinked name.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home | Vaccine Centers | Sign in

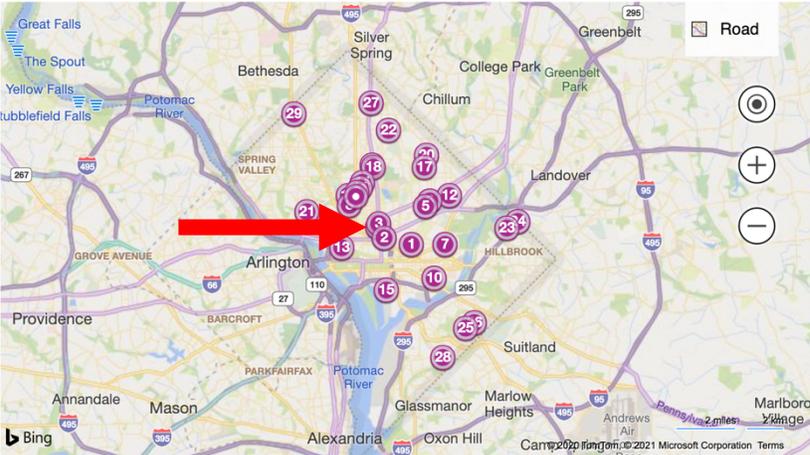
Do not use the browser back button.

If centers are not available, please sign up to [be alerted when more appointments are available](#).

Covid-19 vaccinations will be made available in phases to ensure those populations most at risk are prioritized. Based upon your current status, you are currently eligible to schedule your appointment for vaccination. Please select a COVID Vaccination Location by clicking on the name from the list below.

Welcome Sylvia Liggett

Search for location near within



1. Giant Food #2381	0.6 miles
300 H St NE Washington, DC 20002	
<input type="button" value="Get Directions"/>	
2. Safeway Pharmacy #2737	0.6 miles
490 L St NW Washington, DC 20001	
<input type="button" value="Get Directions"/>	
3. Bread for the City - Medical Clinic	
1525 7th St NW Washington, DC 20001	
<input type="button" value="Get Directions"/>	
4. Giant Food #2376	0.8 miles
1400 7th St NW Washington, DC 20001	
<input type="button" value="Get Directions"/>	

Use the map to see locations in proximity to your residence. The numbers correlate to the list of locations on the right side of the screen.

14. Click the **Get Directions button under a location to generate a map from where you are to the appointment address.**



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[Vaccine Centers](#) | [Sign in](#)

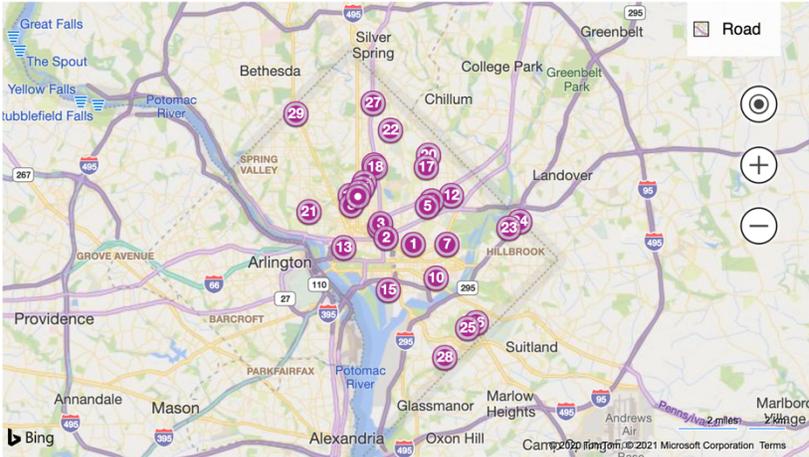
Do not use the browser back button.

If centers are not available, please sign up to [be alerted when more appointments are available](#).

Covid-19 vaccinations will be made available in phases to ensure those populations most at risk are prioritized. Based upon your current status, you are currently eligible to schedule your appointment for vaccination. Please select a COVID Vaccination Location by clicking on the name from the list below.

Welcome Sylvia Liggett

Search for location near within



- 1. Giant Food #2381**
0.6 miles

300 H St NE Washington, DC 20002
- 2. Safeway Pharmacy #2737**
0.6 miles

490 L St NW Washington, DC 20001
- 3. Bread for the City – Medical Clinic**
0.8 miles

1525 7th St NW Washington, DC 20001
- 4. Giant Food #2376**
0.8 miles

1400 7th St NW Washington, DC 20001

Check your address and click “Get Directions”.

Get Directions ✕

From

To

7. Bread for the City – Medical Clinic 1.2 miles

1525 7th St NW Washington, DC 20001

10 min	Light traffic Via 16th St NW, U St NW	1.8 mi
11	Light traffic	1.8 mi

15. Select an appointment. Once you select your location, you will see a list of available appointments. Click “Book” to make your appointment.

If appointments are NOT available, please use the **Change Location** button to select other centers. If no other centers are available, please sign up to [be alerted when more appointments are available](#).

Please confirm your booking within : 170 seconds

Date Range

Resource ↑	Start Time	End Time	Duration	
Bread for the City – Medical Clinic	1/28/2021 10:00 AM	1/28/2021 11:00 AM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/28/2021 11:00 AM	1/28/2021 12:00 PM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/28/2021 4:00 PM	1/28/2021 5:00 PM	60	 <input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/29/2021 10:00 AM	1/29/2021 11:00 AM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/29/2021 11:00 AM	1/29/2021 12:00 PM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/29/2021 12:00 PM	1/29/2021 1:00 PM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/30/2021 10:00 AM	1/30/2021 11:00 AM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/30/2021 11:00 AM	1/30/2021 12:00 PM	60	<input type="button" value="Book"/>
Bread for the City – Medical Clinic	1/30/2021 1:00 PM	1/30/2021 2:00 PM	60	<input type="button" value="Book"/>



If there are no appointments available or you want to book at a different location, **DO NOT** click your back button on your browser, please click the blue “Change Location” button.

16. Next you are asked to review your name, date of birth, and appointment location, date and time. To confirm your booking click “Submit”.

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Home | Vaccine Centers | Sign in

Please confirm your booking within : 170 seconds

Please review your appointment selection below before submitting.

Name
Sylvia Murph

DOB
6/4/1940

Vaccination Location *
Bread for the City – Medical Clinic

Start Time *
1/28/2021 5:00 PM

End Time *
1/28/2021 6:00 PM

Back Submit

To find a **different** booking click “Back”.

Confirmation

After your appointment is successfully booked, you will see this confirmation message. Please print or take a screen shot of this page. You will also receive an email confirmation with full details.

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🏠 | [Vaccine Centers](#) | [Sign in](#)

Your booking is confirmed.

Due to high volumes, your confirmation email may take up to 24 hours to process. Please print or screen shot this page as your confirmation. If you are unable to locate the email in either your inbox or spam folder, please contact DC Health at vaccinatedc@dc.gov for assistance.

Name
Sylvia Murph

Appt ID
62399-V0Z7F

Start Time
01/28/2021 5:00 PM

Vaccine Location
Bread for the City – Medical Clinic



Email Confirmation

The subject of the email is: **COVID Vaccine Notification - Booking Confirmation**. Be sure to check your SPAM or JUNK folder. After 24 hours, if you are unable to find the email, please email vaccinatedc@dc.gov for assistance.

From: NO-REPLY-VRAS <no-reply-vras@dc.gov>
Date: Wednesday, January 27, 2021 at 5:50 PM
To: Sylvia Murph <ldyfm@email.com>
Subject: COVID Vaccine Notification - Booking Confirmation

Hello Sylvia,

You have been approved to receive a COVID-19 Vaccine. Please bring the below confirmation code and/or QR code with you (on your phone or printed) and report to the vaccine center.

Scheduling Confirmation:

Name: Sylvia Murph
Email: ldyfm@email.com
Appointment ID: 62399-V027F
Vaccination Location: Bread for the City – Medical Clinic
1525 7th St NW
Washington, DC 20001
Start Time: 1/28/2021 5:00 PM EST
End Time: 1/28/2021 6:00 PM EST

Please be prepared to provide verification of your work setting at the time of your vaccine appointment. This can include an ID badge, letter or email from a supervisor, or other methods. The provider who administered your first dose is responsible for scheduling your second dose. If you have any issues scheduling your second doses, please [click here](#) for contact information for your provider. All other questions may be directed to vaccinatedc@dc.gov.

You can cancel your booking by clicking on this [link](#)

Cancelling Your Appointment

1. If you need to cancel your appointment, open your confirmation email for the appointment and select either option at the bottom of the email.

From: NO-REPLY-VRAS <no-reply-vras@dc.gov>
Date: Wednesday, January 27, 2021 at 5:50 PM
To: Sylvia Murph <ldyfm@email.com>
Subject: COVID Vaccine Notification - Booking Confirmation

Hello Sylvia,

You have been approved to receive a COVID-19 Vaccine. Please bring the below confirmation code and/or QR code with you (on your phone or printed) and report to the vaccine center.

Scheduling Confirmation:

Name: Sylvia Murph
Email: ldyfm@email.com
Appointment ID: 62399-V0Z7F
Vaccination Location: Bread for the City – Medical Clinic
1525 7th St NW
Washington, DC 20001
Start Time: 1/28/2021 5:00 PM EST
End Time: 1/28/2021 6:00 PM EST

Please be prepared to provide verification of your work setting at the time of your vaccine appointment. This can include an ID badge, letter or email from a supervisor, or other methods. The provider who administered your first dose is responsible for scheduling your second dose. If you have any issues scheduling your second doses, please [click here](#) for contact information for your provider. All other questions may be directed to vaccinatedc@dc.gov.

You can cancel your booking by clicking on this [link](#)

2. Confirm your date of birth.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Please confirm your date of birth

Month *

Day *

Year *

Next

Click the blue **“Next”** button to continue.

3. Enter the CAPTCHA code shown.

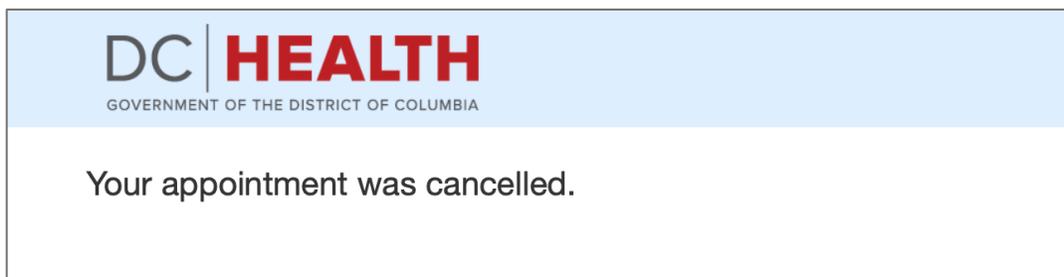
The screenshot shows the DC Health website interface. At the top left is the logo "DC HEALTH" with "GOVERNMENT OF THE DISTRICT OF COLUMBIA" underneath. A home icon is in the top right. The main content area displays appointment details in two columns:

Name Sylvia Murph	Date of Birth 6/4/1940
Appt ID 62399-V0Z7F	Test Location * Bread for the City – Medical Clinic
Start Time * 1/28/2021 5:00 PM	End Time * 1/28/2021 6:00 PM

Below the details is a CAPTCHA image showing the code "GZ9z7R7" with a red arrow pointing to it. Underneath the image are two links: "Generate a new image" and "Play the audio code". Below these links is a text input field with the placeholder "Enter the code from the image". At the bottom left of the form is a blue "Next" button.

Click the blue “Next” button to continue.

4. Your appointment has now been cancelled.



Further Assistance

If you have any difficulty or cannot find your confirmation email, please email vaccinatedc@dc.gov for support.

You may also call the District's call center at **855-363-0333**, for assistance with vaccine registration.

To receive alerts via email or text for future announcements or when more appointments become available go to vaccinate.dc.gov